## I. TITLE

Increased Access to Selected HIV/AIDS Interventions in Health Region V and the Border Provinces of the Dominican Republic.

## II. OVERVIEW & BACKGROUND

The New Strategic Framework for U.S. Foreign Assistance concentrates U.S. foreign assistance on five priority objectives to meet the goal of "Helping to build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system."

These areas are:

- Peace and Security: recognizing these as platforms for further political, economic and social progress;
- Governing Justly and Democratically: recognizing that effective, accountable, democratic governance is a vital foundation for sustainable progress;
- Investing in People: recognizing that human capacity must be strengthened in order to promote and sustain success;
- Economic Growth: recognizing that economic progress and poverty reduction are critical underpinnings of sustainable development; and
- Humanitarian Assistance: recognizing the United States' commitment to alleviate human suffering and respond to destabilizing humanitarian disasters.

The USAID 2007 – 2012 HIV/AIDS Strategic Overview for the Dominican Republic (DR) builds on over 40 years of United States Government (USG) health and development experience. It focuses development assistance through the analytic lens provided in the New Strategic Framework for Foreign Assistance. It states that the "USG will have contributed to the development and implementation of a successful comprehensive concentrated response to HIV/AIDS in a selected health region and the border area. Systems strengthening and human capacity development will be elements of the sustainability of the model. Haitian and Dominicans living in the intervention areas will have improved access to quality critical HIV/AIDS services." This Task Order is consistent with this new focus and strategic overview. It addresses the following HIV/AIDS specific program components:

- Prevention: Prevention of Mother-to-Child Transmission (PMTCT), Abstinence, Be faithful (AB), and other prevention(OP)
- Care: Palliative care, Orphans and Vulnerable Children (OVC), Voluntary Counseling & Testing (VCT)
- Treatment and Other: Antiretroviral (ARV) services, pediatric AIDS

As a cross cutting theme of these components, the contractor will support strengthening PMTCT, VCT and integrated care services in public hospitals of the Secretaría de Salud Publica y Asistencia Social (SESPAS)/Ministry of Public Health and Social Assistance in Region V and the border provinces. The contractor shall also strengthen coordination between SESPAS and the Secretaría de Educación (SE)/Ministry of Education; among NGOs, SESPAS, other donors (World Bank, Global Fund, Clinton Foundation) and among other USAID-financed activities, in order to form strong regional networks to provide quality sexual education and services in all settings. Finally, the contractor will work

closely with the Center for Disease Control and Prevention (CDC), The Department of Defense (DOD) project with the Dominican Armed Forces and the Peace Corps in the accomplishment of its work.

**II. PURPOSE**

The purpose of this Task Order is to help achieve USAID/DR's Strategic Objective on HIV/AIDS by providing funding for administrative institutional assistance, as needed, for grants to indigenous, local and international non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs). In addition, it is recognized that the contractor may need to provide limited administrative institutional assistance to NGOs, CBOs and FBOs to enable them to fully implement grant activities. The grants mechanism is an effort to promote innovative, creative and flexible development approaches as well as bring in new partnerships or establish coalitions and networks to support a decentralization of health-care services in support of the on-going health sector reform. For example, an out-of-school youth education program may be interested in including an HIV/AIDS education component in selected geographic areas. This contract will disburse sub-grants, provide training, and equipment/technology needed to implement HIV/AIDS prevention, treatment and care activities and coordinate the monitoring and evaluation (M&E) systems for data collection and reporting. These sub-grants should address discrimination against Persons living with HIV/AIDS and gender-based violence

**III. BACKGROUND**

**HIV/AIDS in the Dominican Republic.** The DR has an estimated population of 9,200,000, with an additional 1,000,000 Haitian nationals working and living in the country. An estimated 1.1% of the adult population (or 67,000 people) is living with HIV/AIDS, with seroprevalence among those living in rural areas reaching 2.8%. In recent years the number of AIDS cases in women has grown steadily and La Dirección General de Control de Infecciones de Transmisión Sexual y SIDA (DIGECITSS)/National AIDS Program reports that 71% of new infections are in young women ages 15-24. The HIV prevalence among women seeking antenatal care reached 4.5% in the eastern portion of the country and 5.9% and 3.4%, respectively, in the border provinces of Montecristi and Dajabón. Among most-at-risk populations, studies show HIV+ rates of 3.8% among prostitutes, and in certain areas of the country, HIV prevalence in men having sex with men (MSM) is as high as 11%. HIV prevalence in the bateyes (sugar plantation communities) is estimated to be 5% in the adult population, peeking at 12% in men 40-44 years. There is evidence that young adolescents are initiating their sexual debut as early as 12 years of age in the bateyes, and even younger than 10 years of age in areas along the Haitian border. A study conducted at the end of 2001 estimated that 58,000 children ages 1-14 years are either at risk of or already are orphaned by AIDS. Of these, 10% were estimated to be living with HIV/AIDS, 2,800 (4.8%) were already orphaned and the rest would become orphans within the next 5-10 years (John Snow International/Instituto PROMUNDO: Orphans & Vulnerable Children.

Based on the most recent behavioral surveillance study (BSS), stigma and discrimination against persons living with HIV/AIDS (PLWHAs), MSMs, and prostitutes continue to be significant issues. Approximately 54% of the population does not believe that PLWHAs should continue to work, and nearly 40% do not believe that students living with HIV should continue to attend school. In addition, 57% of psychologists, 34% of doctors and 25% of nurses interviewed reported a reluctance to provide health care to PLWHAs and

MSMs. Persons living with HIV frequently cannot obtain or keep their jobs, and lose their private health insurance, thereby further jeopardizing their family income and reducing their access to treatment and care.

Violence against women and alcohol-related violence are significant issues in the DR. Research around the world demonstrates that gender-based violence has implications for almost every aspect of health. Women experience morbidity and mortality as a result of physical and sexual violence which can exacerbate health conditions including HIV transmission.

**Overarching Country HIV/AIDS Context**

In 1993 the DR passed legislation making it illegal to discriminate against persons living with HIV/AIDS and imposing fines on those who disobey this law (the AIDS Law). Although the human rights indicator in the AIDS Program Index increased from 58% to 63%, stigma and discrimination continue to be crippling to persons living with HIV/AIDS. The AIDS Law is poorly enforced and frequently violated with impunity by hotel and industry corporations. These employers often require HIV tests as a condition for hiring or to guarantee further employment. As a result, non-governmental organizations (NGOs) that represent PLWHAs do not feel fully empowered. Furthermore, neither government nor religious leaders communicate HIV/AIDS messages during public events. This lack of committed vocal leadership in HIV/AIDS prevention sends conflicting messages to the general public.

The government of the Dominican Republic (GODR) recognizes the severity of the HIV/AIDS crisis as a growing national concern, and has taken steps to create a national response with assistance from bilateral and multilateral donors. In 2000, the DR established the Presidential Council for AIDS (COPRESIDA) through Presidential decree. COPRESIDA plays an important coordinating role for all HIV/AIDS activities in the country. The Ministry of Health/SESPAS is the implementing partner for HIV/AIDS services and diagnostic tests in the public sector network. The National AIDS program/DIGECITSS is responsible for developing HIV/AIDS-related norms, protocols, and surveillance. The executive director of COPRESIDA expressed his intention to comply with the "Three Ones" and requested USAID support to develop a 2007-2011 National Strategic Plan (PEN) and a National M&E Plan by June 30, 2007.

Within the DR, international agencies, local and international NGOs have worked closely and extensively to develop mutual trust and coordination mechanisms. The NGO sector is made up of indigenous NGOs, faith-based organization (FBOs) and international NGOs such as World Vision and Plan International. Some of the local NGOs have formed alliances with international or other local organizations to provide more integrated services, such as in the bateyes, where they have formed coalitions.

**USAID/DR HIV/AIDS Strategy and Program**

USAID recognizes that NGOs, CBOs and FBOs have become important partners in the national response to HIV/AIDS. USAID views these organizations as key communicators and mobilizers in communities, particularly to those most at risk of HIV. They are also key partners in linking communities and individuals to care and support services. These organizations are uniquely situated to provide needed follow-up, as well as community and home-based support for infected and affected individuals, including OVCs and their

families. Partnering with such organizations is essential to ensure comprehensive programming for HIV/AIDS prevention, diagnosis, care and treatment in the DR.

While NGOs are essential to USAID/DR's HIV/AIDS strategy, experience has demonstrated that many of the NGOs have limited capacity to rapidly scale up services. Their ability to plan, organize, implement and monitor HIV/AIDS service provision is restricted by their limited management ability. Observed weaknesses vary significantly by organization, but include difficulties in establishing effective governance systems, providing effective leadership, communicating internally and externally, developing project proposals, hiring and supervising staff, recruiting and managing volunteers, implementing project work plans, monitoring and reporting on project activities, as well as mobilizing resources and managing project funds.

During FY 2007, USAID began to concentrate its HIV/AIDS programming efforts in Health Region V and areas along the border with Haiti, starting with the border provinces of Elías Piña and Dajabón and expanding in future years to other provinces along the Haitian border. National-level support will be limited to policy- and capacity-building efforts. NGOs can be found in both Region V and the border. It is expected that partners in the border provinces will form linkages with similar organizations (NGOs and FBOs) that are working in Haitian Provinces (Department[U1]) nearest to the border area. Currently, USAID/DR works with approximately 22 NGOs, FBOs and CBOs implementing approximately 40 activities. Most of these NGOs currently receive management support through CONECTA, USAID/DR's existing HIV/AIDS program in partnership with Family Health International (FHI). The CONECTA contract is due to expire in FY 2008. While our previous strategic focus was not concentrated in Health Region V and areas along the Haitian border, a few of the NGOs currently receiving support through CONECTA have implemented HIV/AIDS and TB activities in these geographical focus areas Furthermore, as USAID/DR begins to concentrate its HIV/AIDS programming efforts in Health Region V and the 10 provinces along the Haitian border, new NGO partnerships will be developed and cultivated. One of the challenges will be to identify a sustainable cost effective solution to training. It will be to the benefit of the NGO community and the DR, to define a strategy whereby a local institution can develop the capacity to train health personnel, especially nurses and community workers in skills associated with the provision of HIV/AIDS services. The advantage of utilizing this strategy is its potential to create career opportunities. Also, the NGO community will benefit enormously from the possibility of receiving hands-on training to suit their needs based on up-to-date technical knowledge and local experience

The USG HIV/AIDS strategy for the DR is in a period of transition. The strategy shift is based on both a 2006 assessment by a USAID health team and in consideration of planned future funding levels. Therefore starting in FY07, the USG new strategy will begin to provide comprehensive interventions and support in focused geographic areas (Region V and in the border areas), and limited capacity building and policy support on a national scale. In the first year of this strategy, FY07, USAID/DR will transition previous support and initiatives to those described above. During FY07, USAID will continue with pre-existing support and simultaneously consolidate current models, strengthen NGOs and initiate scale-up in concentrated areas. A map of the Dominican Republic highlighting significant HIV/AIDS program locations has been included in the Supplemental Documentation section.

A. Region V

The selected geographic region for USG's comprehensive program is Health Region V, one of eight Health Regions in the DR. In this region, USG will support a comprehensive and integrated HIV/AIDS program. The HIV/AIDS program that will be developed and implemented in Region V will then serve as a model for similar programs in other health regions of the country. These model programs are also intended to influence other activities implemented by the GODR and partner organizations.

Region V clusters five provinces at the eastern-most end of the country, with a population of approximately 900,000. The Region has a high concentration of at-risk populations (migrant Haitian workers, prostitutes, and persons living in bateyes) as a result of the tourism industry, significant construction activities, free trade zones and sugar mills. Region V has the highest seroprevalence rate in the DR, at 2.1% overall and 4.1% among pregnant women. The Region has the existing infrastructure necessary to support an integrated and comprehensive HIV/AIDS program, and it has been designated by GODR as one of three priority regions for the initiation of the national family health insurance program enacted by the new Social Security system. USG support has resulted in improved management systems and capacity of the 14 hospitals and five provincial health directorates in this health region. Several current USG interventions in HIV/AIDS are already under development in the region, and NGOs, CBOs, FBOs and public institutions provide prevention, treatment and care services. An existing public-private network in La Romana province provides treatment and care for PLWHAs. One of the networks of private providers has entered into a twinning agreement with Columbia University.

USAID's comprehensive interventions in Region V will address prevention, care and treatment. Prevention support will include a comprehensive abstinence, be faithful (AB) strategy targeting both pre-adolescents and adolescents through the public school system, out-of-school children, communities outreach by Peace Corps volunteers, and specific adult populations stressing faithfulness and condom use. Other sexual prevention strategies will be tailored for high-risk populations and delivered through multiple channels such as community outreach by NGOs and Peace Corps Volunteers, condom social marketing and policy development, and service provision to military staff. Care services will include voluntary counseling and testing (VCT), palliative care through community- and home-based programs, and OVC programs implemented through health facilities and indigenous NGOs. Treatment support will be limited to focusing on strengthening treatment services for pediatric AIDS patients and significant improvement of laboratory services. ARV supplies will continue to be supplied to the GODR through the Global Fund grant. The U.S. Department of Defense (DOD) will support prevention programming at Dominican armed forces health posts in the Region and Peace Corps volunteers located in the Region will provide communities with key prevention education.

Systems' strengthening is a critical element of the regional strategy. As USAID interventions strengthen the systems in Region V, the experience and lessons learned can serve to guide the programming for the rest of the country. Specific models will include policy, strategic information systems, networks of service providers, and referrals and linkages between service providers and community-based programs.

B. Border areas

The USG decision to expand specific support to border areas is based on geography (as it remains a corridor for mobile populations to and from Haiti), epidemiologic and demographic factors, and on the lack of basic health services. A 2006 UNICEF/CRS BSS Survey on children and adolescents reports that 62.5% and 41.9%, respectively, of children 10-12 years interviewed in the border cities of Dajabón (on the Dominican side) and Quanamithe (on the Haitian side) had their first sexual relation before 10 years of age. Access to quality HIV/AIDS services is limited, and there is little coordination among the few NGOs and FBOs that do provide prevention and care services in these border areas. In addition, as reported by the Ministry of Health (MOH)/SESPAS approximately 60% of all births in Dominican hospitals are to Haitian women who cross the border to deliver and return to their communities in Haiti shortly after giving birth.

In the border areas, USAID's program will include select interventions in prevention (AB, OP, and PMTCT), care (OVC, VCT and Palliative Care), and treatment (developing/ensuring appropriate local linkages) as well as policy/system strengthening. In addition, USAID/DR will work to develop with USAID/Haiti a number of activities designed to address the needs of populations traveling frequently between the DR and Haiti. Such activities will include the development and dissemination of educational information in Spanish and Creole, the development of a referral card providing information on HIV/AIDS palliative care and treatment sites in Haiti, and fostering a local health management information system (HMIS) so that hospitals on both sides of the border can more readily exchange information, exploring the bi-national use of CD4 machines in the border region. USAID/DR will work with GODR to develop a bi-national agreement with the Government of Haiti to permit further collaborative endeavors. DOD will support prevention programming at Dominican armed forces health posts in the area and Peace Corps volunteers located in the area will provide communities with key prevention education.

C. Central-level activities

Certain systems- and policy-level interventions are only effective when implemented at the national level. Advocating for the enforcement of the existing and future policies will be a focus of the USG leadership in its communication with the GODR. Through additional mechanisms, USAID/DR will support select capacity building activities that not only support the interventions at the regional level and along the border, but also have a national impact. These activities include assisting the MOE in strengthening a sex and life skills curriculum for public schools. A targeted and appropriate abstinence, be faithful, use condom (ABC) strategy will information to students in primary and secondary public schools and provide technical assistance and diagnostic equipment in order to increase access to treatment for HIV+ children under 18-months of age. Specific policy development efforts will include assistance to the National AIDS program in developing updated PMTCT and VCT norms and protocols; a National Condom Policy; expansion of HIV/AIDS services covered by the national health insurance program; promotion of programs to provide education tools to help women negotiate protection from their partners and to fight gender-based violence; and finalizing a National HIV Strategic Plan and National Monitoring & Evaluation Plan in an effort to strengthen these components within the "Three Ones" goal.

**SUMMARY OF ASSESSMENTS**

In 2005, the National Center of Maternal and child Health Research (CENISMI) conducted a study on TB/HIV co-infection, and found co-infection to be 9%. In 2006,

CDC conducted a characterization of the DR surveillance and epidemiological system. As a result a two-year work plan was drafted and agreed upon by all stakeholders. Also, at the end of 2006, the Pan American Health Organization (PAHO), UNAIDS, UNICEF and USAID/DR through CONECTA conducted an assessment of the National Response. This assessment was solicited by the Secretary of Health. Results are available. Documents on the health sector reform process and assessment on hospitals systems and bio-security are also available through the USAID/DR REDSALUD Project. The 2007 Demographic and Health Survey (DHS) will be completed shortly and data made available.

**OTHER DONORS IN HEALTH**

The United States is the single largest donor in the health sector, including its contribution to the Global Fund for HIV/AIDS, Tuberculosis and Malaria (GFATM). The World Bank (WB) has also provided a five-year $25 million loan. USG HIV/AIDS contribution is 6.5 per year and it is estimated to remain stable or increase during the next three years. The USG health sector assistance for the next two years is $24 million, and includes health sector reform, tuberculosis, maternal and reproductive health and child survival, in addition to HIV/AIDS. The GFATM is the second largest HIV/AIDS donor with a $47 million, 5-year HIV/AIDS grant. In addition, it provides $5 million for tuberculosis activities through a five-year grant. The William Jefferson Clinton Foundation is providing approximately $1 million per year. Other donors include UNICEF, UNFPA, and UNICEF that provide assistance and commodities in selected components. WHO/PAHO provides technical assistance and limited commodities to the public sector.

**CROSS CUTTING THEMES**

**Bi-National Activities**

The Secretary of Health has expressed interest in strengthening and implementing the components of the bi-national agenda on HIV/AIDS and tuberculosis. In addition, the GFATM has also stressed the importance of including a bi-national component in the country proposals to be presented to Round 7. As such, meetings have been held between the two countries to achieve agreement on common strategies to reach people living in the border areas and among migrant workers. In addition, authorities and NGOs of Haiti's Department Central and the province of Elías Piña have drafted a two-year work common plan for HIV/AIDS, tuberculosis, malaria and maternal health. It is expected that authorities from the Haiti Department Northeast and the province of Dajabón will also start conversations and schedule dates to draft a similar plan.

**Gender**

Gender issues are a concern in the DR. According to the 2002 DHS, 24% of women (ages 15-49) at some point in their lives have been subject of some form of domestic abuse. Women have expressed concerns regarding negotiating condom use with their partner, raising the issue of their partner's infidelity and/or disclosing their own HIV status can jeopardize their physical safety and their family's economic stability. The relationship of domestic violence and HIV/AIDS has not been carefully studied in the Dominican Republic to date. To attempt to address this issue, the Congress of the Dominican Republic passed Law 24-97 on Gender-Based Violence. The law classified the different types of violence and sanctions, and created women delegates and prosecutors. The 2002 DHS and the currently underway 2007 DHS provide information regarding the magnitude of this issue. Other documentation tools to support this health issues are available in the country.

**Corruption**

According with 2006 National Cost of Corruption for the Dominican Homes Study, Dominicans invested more than six thousand millions RD pesos paying bribes for public services; According with the above study, the "index" of corruption in the DR was of 9.7, i.e. 9.7 of each 100 steps or action made by Dominicans' homes were affected by bribes. In the health sector the index of corruption is 5.5 (according with the same assessment). As a result, corruption in the health sector is found in medical personnel absenteeism, unnecessary medical procedures, bribe for getting services and other kind of uncovered attitudes that may be described as a lack of transparency in this sector.

Provide technical assistance to partners to increase transparency in the DR health sector, will help the country to fight corruption.

**Environmental Mitigation**

According to Title 22 Code of Federal Regulations, Part 216, the health HIV/AIDS activity involving the handling and disposal of medical waste has been classified as ***Negative Determination with conditions.*** The contractor will therefore be required to submit a suggested Environmental Mitigation Report for approval before commencing activities. The report must identify mitigation measures to at the activity level and include a separate budget for implementation, monitoring and evaluation.

**TECHNICAL AND INSTITUTIONAL STRENGTHENING**
**GODR/MOH AND MOE and NGOs**

**V. SCOPE OF WORK**

A) Objective of Task Order

The objective of the task order is to provide technical assistance, institution strengthening and support to the GODR for the implementation of HIV/AIDS prevention, treatment and care programs and to provide technical assistance to NGOs, CBOs and FBOs that will receive grant assistance for HIV/AIDS program implementation under a separate mechanism. Per the approved five-year strategic overview presented jointly with the FY07 mini-COP, these programs will have a geographic focus in the five provinces of Health Region V where a comprehensive integrated prevention-to-care model with public/private partnership will be developed and tested, and initially in the two border provinces of Dajabón and Elías Piña, with the possibility of extending to other border provinces in the future.

The contractor will be responsible for providing technical assistance, institution strengthening and support to the National AIDS Program (DIGECITSS), public service providers and MOH Provincial and Regional Health Directorates to improve their stewardship capacity and the quality of service provision and to the Secretariat of Education to design and implement HIV/AIDS prevention in schools. The level of effort expected is approximately 60% for the GODR components and 40% for the NGO TA. The activities will focus on the development and implementation of an integrated approach that links communities, and public and private health services to provide Life Skills Program with primary schools in AB; strengthening the PMTCT and VCT services (opt-out

option and provider-initiated counseling and testing); integrated care services with emphasis on pediatric AIDS to provide quality treatment and care; and care through community- and home-based programs, and OVC programs implemented through health facilities and indigenous NGOs. The contractor will also provide technical support and coordinate with the Presidential Commission for AIDS (COPRESIDA), the Women's Secretariat (SEM) and the Networks of PLWHA in order to support policy development.

The contractor will be responsible for providing technical assistance to NGOs, FBOs, and CBOs in the following program elements: prevention of mother-to-child transmission, abstinence, be faithful, condoms and other prevention, palliative care, OVC, VCT, and ARV services. It will also provide technical assistance in advocacy particularly to networks of PLWHAS.

The overall outcome will be the development of a comprehensive integrated prevention-to-care model in public/private partnerships in Region V and selected quality services along the border.

It is essential that the Contractor demonstrate the ability to coordinate and integrate activities with other USG partners as part of a comprehensive USG program. It is expected that the Contractor will collaborate with other USG contractors and grantees on selected activities, such as: (1) the NGOs grant program (joint programming); (2) establishment of a monitoring and evaluation system (direct coordination); (3) health sector reform efforts (direct coordination); (4) Partners in Health and Columbia University which have been identified as twinning partners for the activities in La Romana province and the border province of Elías Piña (direct coordination). In addition the Contractor will coordinate with other USG agencies implementing HIV/AIDS programs in the country i.e. CDC, PC, and DOD

It is essential that the contractor coordinate with other partners working in HIV/AIDS in order to identify potential areas where duplication of efforts can be prevented and where joint activities can result in a synergistic effect.

B) Period of Performance

This will be a four-year task order with a fifth year option to be awarded o/a December 2007. The initial activities will overlap and complement the CONECTA project ending on September of 2008, and those of other USG partners.

C) Task Order Components

The contractor coordinating with other partners should not only be able to provide the technical assistance required by the partners but also work closely with them to identify their weaknesses and, based on sound epidemiological criteria/evidence and evidence-based practices, help them determine adequate prevention-to-care- practices

a) Technical Assistance to NGOs, CBOs and FBOs in the following program areas:

- Prevention (PMTCT, AB, Condoms and Other Prevention)
- Care (Palliative care, OVC, Counseling and Testing)
- Treatment and Other (ARV services)

- Policy (Stigma and Discrimination, gender, integration of services including family planning and TB)

Outcomes/Results:

Prevention

1. Effective support networks for persons living with AIDS,
2. A referral system for pregnant women diagnosed with HIV as part of comprehensive PMTCT services, including increased partners testing, referral to pediatric AIDS services for children and increased continuity of care.
3. Out-of-school children targeted with innovative BCC activities,
4. Adult groups, especially males, targeted with prevention messages (Be faithful) as well as condom promotion activities and testing referrals, care and treatment services.
    1. Access to condoms coordinated through community outreach for prostitutes, their clients and partners, MSMs and most at-risk populations (MARPs) in bateyes and among migrant workers.
    2. Prostitutes, their clients and partners, MSMs and MARPS in bateyes and migrant workers access other types of prevention services.
    3. STI management
    4. Community involvement in HIV prevention.

Palliative Care/Basic

- Increased access by PLWHA and their families to the continuum of care in Region V and the border area.

OVC

- NGOs community support networks provided to OVCs in the border area and Region V including a complete package of care.

Counseling and Testing

- MARPS and population in bateyes communities have access to VCT and sexually transmitted infection (STI) services through MOH and NGO service network.
- Systems established in communities for referral of HIV+ patients to care and treatment. Outreach to male population for voluntary counseling, testing and prevention activities.

ARV Services

- Public-private service networks provide integrated management and treatment of HIV/AIDS in adults and children.

Policy

- Support to and empowerment of PLWHA networks to enforce AIDS Law, particularly in terms of preventing stigma and discrimination and addressing gender-based violence issues.

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b) Technical Assistance, Institutional Strengthening and Support to the GODR

1) Strengthening of MOH HIV/AIDS services, including ARV Services. Ensure implementation of rapid testing at VCT service sites. Introduction of Providers Initiated Counseling and Testing (PICT-Opt-Out Option). Implementation of triple ARV therapy in PMTCT and early detection and services for children with HIV/AIDS (Pediatric AIDS).

Outcomes/Results:

- Updated national PMTCT norms and protocols to provide triple therapy and ARV services to pregnant women diagnosed with HIV and early detection and services of children with HIV/AIDS.
- Opt-out option implemented in PMTCT services.

2) Life Skills Program with the MOH/MOE for School Children. Life Skills Policy to be implemented at primary schools by MOH and MOE developed and reviewed. The Life-Skill Program developed will be implemented by public and private schools in Region V and the border area.

Outcomes/Results

- Life skills education program adopted nationwide, and implemented at public and private schools in Region V and border areas as a demonstration project.

3) Policy Development. The contractor will support the development of policies, as appropriate. Illustrative outcomes for policies are as follows:

Outcomes/Results:

- A condom policy by MOH and COPRESIDA that includes market segmentation and a framework that will ensure access to condoms by MARPS implemented
- A policy supporting the use in the community of appropriate pain management therapy for PLWHAS at the end-of-life stage developed.
- PLWHAs included in GODR Program "Comer es Primero".
- Discussion initiated with GODR and Consejo Nacional de la Niñez (CONANI)/National Children's Council to explore the development of a system to support OVC victims of sexual abuse.
- GODR, COPRESIDA and principal stakeholders have modified the 1993 AIDS legislation to integrate OVC issues.
- New testing and counseling strategies (opt-out option, providers initiated counseling and testing, and same-day results) developed.
- Sound prevention-to-care policies developed based on sound epidemiological criteria
- National VCT norms have been modified; opt-out option and provider-initiated testing implemented in all services. Rapid and confirmation test are provided the same day.

D) Performance Monitoring and Evaluation

Adhering to OGAC's M&E requirements, Offerors should propose a monitoring and evaluation plan for assessing progress towards annual and end-of-strategy targets per indicators list below. The plan will identify the source and frequency of data to ensure USAID has data available for the Annual Report and other reporting requirements. The plan should also describe how the contractor will assess and guarantee data quality and accuracy. In addition, the contractor should be able to provide data in the format and timing required for USAID/DR Monitoring and Evaluation Mechanism.

All targets for subsequent years will be agreed upon by USAID at the beginning of each FY

For FY 2007 and FY2008 there are two sets of indicators (upstream and downstream) are under Attachment A

E) Staff Requirements

Offerors are expected to include in their proposal a mix of highly qualified personnel that is consistent with their approach to attain the results. Ideally, the proposed team should be a mixture of fluent English and Spanish speaking professionals, with expertise in HIV/AIDS. Limited Spanish proficiency among team members may be compensated by experience in HIV/AIDS-affected countries with similar epidemiology. The team should include at least one professional with experience in HIV/AIDS epidemiology (to coordinate with CDC). In this respect, the staffing pattern should include an organizational chart with a justification for the proposed staffing pattern and level of effort.

In addition to demonstrated expertise in their particular fields and a minimum of 5 years experience in a technical assistance role in a developing country, key personnel should have outstanding communication skills and a demonstrated ability to work well host country, NGOs and government counterparts. In addition to the requirements above, the proposed Chief of Party should have the following characteristics:

- Public health or an equivalent field at the Masters level or higher;
-Minimum ten years experience working in public health programs in developing countries;
-Demonstrated ability to build effective working relations with senior government officials, partners and counterparts;

Offerors shall include in their proposals a roster of short-term technical assistance specialists. Short term technical assistance plans will be finalized during the implementation planning process, in coordination with the NGO grant program, at which time the contractor shall make maximum use of local consultants, as appropriate.

It is expected to rapidly start-up of program and key personnel should be in country within 30 days.

F) Reporting

The Contractor will be required to submit three copies in English of the following reports to the contract Cognizant Technical Officer (CTO). The need for Spanish versions of these reports will be determined later by USAID/DR on a case by case basis.

1. Annual workplan and projected expenditures

The Offerors should include in the proposal a workplan for the first year of implementation. The plan should include rapid start-up and a transition strategy to ensure a smooth transition of activities and avoid implementation gaps. Within 90 days after the award of the Task Order, the Contractor will submit a final workplan and projected expenditures broken down by quarter for the first year. Subsequent annual workplans will be due 30 days before the end of the previous year.

2. Training Plan

The contractor will submit annual training plans that include all local and offshore training. The first year training plan will be due 120 days after the award of the Task Order.

3. Monitoring and Evaluation Plan

Per the description provided under Monitoring and Evaluation above, the Contractor will submit a final monitoring and evaluation plan within 90 days after the award of the Task Order.

4. Quarterly and Annual Progress Reports

The Contractor will provide quarterly reports (the last of which each year will be an Annual Report). This report should cover all activities proposed in the annual workplan, and should inform on progress made and on plans for the next quarter. The reports should also include financial reports and status of Host Country counterpart contributions.

5. Final Report

The completion or final report will highlight major successes achieved under the Task Order, with reference to established results and targets, and should discuss any shortcomings and/or difficulties encountered. The report should also outline lessons learned and recommendations for follow-on activities.

G. Technical Criteria to Evaluate Proposals

TBD

VII. Cost Proposal

Reference Documents:

HIV/AIDS Five year Strategic Overview
PAHO Evaluation of the National Response to HIV/AIDS
2007 approved Mini-COP

Attachment A
FY2007 and FY2008 Indicators (upstream and downstream)

~~—~~1. Number of pregnant women receiving a complete course of antiretroviral prophylaxis for PMTCT

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|---|---|---|
| FY07 | Downstream (Direct): 961 | Upstream (Indirect): 833 |
| FY08 | Downstream (Direct): 519 | Upstream (Indirect): 1,000 |

2. Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

| | | |
|---|---|---|
| FY07 | Downstream (Direct): 52,200 | Upstream (Indirect): 65,100 |
| FY08 | Downstream (Direct): 35,265 | Upstream (Indirect): 60,134 |

. 3. Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for TB

| | | |
|---|---|---|
| FY07 | Downstream (Direct): 10,000 | Upstream (Indirect): 12,050 |
| FY08 | Downstream (Direct): 4,914 | Upstream (Indirect): 0 |

~~c)~~1. Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period.

| | | |
|---|---|---|
| FY07/08 | Downstream (Direct): 0 | Upstream (Indirect) 0: |

~~d)~~2. Number of OVC served by an OVC program during the reporting period

| | | |
|---|---|---|
| FY07 | Downstream (Direct): 7,611 | Upstream (Indirect): 0 |
| FY08 | Downstream (Direct): 4,089 | Upstream (Indirect): 0 |

.

~~e)~~3. Number of individuals who received counseling and testing for HIV and received their test results

| | | |
|---|---|---|
| FY07 | Downstream (Direct): 69,675 | Upstream (Indirect): 378,125 |
| FY08 | Downstream (Direct): 29,133 | Upstream (Indirect): 431,072 |

~~f)~~4. Number of individuals receiving ART at the end of the reporting period

| | | |
|---|---|---|
| FY07 | Downstream (Direct): N/A | Upstream (Indirect): 7,000 |

| | | |
|---|---|---|
| FY08 | Downstream (Direct): N/A | Upstream (Indirect): 9,000 |

PMTCT

Number of service outlets providing the minimum package of PMTCT services:

Target: 12

Number of women who received HIV counseling and testing for PMTCT and received their results

Target: 35,265

Number of women provided a complete course of ART prophylaxis in a PMTCT setting

Target: 519

Number of health workers newly trained or retrained in the provision of PMTCT service professionals

Target: 220

AB

Number of individual reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Target: 127,584

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset).

Target: 34,107.

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

Target: 2,473

C/OP

Number of targeted condom service outlets: N/A

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Target: 223,400

Number of individuals trained to promote HIV/AIDS prevention through other behavior change other than abstinence and/or being faithful

Target: 2,150

Palliative Care

Total number of individuals provided with HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis (TB), disaggregated by sex

Target: 4,914

Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Target: 3,590

Total number of individuals trained to provide HIV palliative care (including TB/HIV)

Target: 391

OVC

Number of OVC served by OVC programs (male & female)

Target: 4,089

Number of providers/caretakers trained in caring for OVC

Target: 198

CT

Number of service outlets providing counseling and testing according to national and international standards

Target: 22

Number of individuals who received counseling and testing for HIV and received their test results

Target: 29,133

Number of individuals trained in counseling and testing

Target: 73

ARV Services

Number of service outlets providing ART services according to national and international standards

Target: 0

Number of individuals receiving ART at the end of the reporting period, disaggregated by sex

Target: 0

Lab Infrastructure

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Target: 3

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target: 22,792

Number of individuals trained in the provision of lab-related activities

Target: 258

SI

Number of individuals trained to strategic information (includes M&E, surveillance, and/or HMIS)

Target: 451

Number of local organizations provided with technical assistance for strategic information activities

Target: 23

System Strengthening

Number of local organizations provided with technical assistance for HIV-related policy development:

Target: 7

Number of individuals trained in HIV-related stigma and discrimination reduction

Target: 100

Number of individuals trained in HIV-related policy development

Target: 300

Number of individuals trained in HIV-related capacity building.

Target: 124

Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment.

Target: 105

**Attachment B**
**List of Acronyms to Accompany Dominican Republic FY 2007 Mini-COP (Draft 2)**

| | |
|---|---|
| AB | Abstinence, Be faithful |
| ABC | Abstinence, Be faithful, Condom and other prevention strategy |
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Treatment |
| ARV | Antiretroviral |
| BSS | Behavior Surveillance Study |
| BCC | Behavior Change Communication |
| CBO | Community Based Organization (s) |
| CDC | Centers for Disease Control and Prevention |
| CONANI | National Children Council / In Spanish: Consejo Nacional de la Niñez |
| COPRESIDA | Presidential Council for AIDS |
| CSW | Commercial Sex Worker |
| DAF | Dominican Armed Forces |
| DHAPP | Department of Defense HIV/AIDS Prevention Program |
| DHS | Demographic Health Survey (ENDESA in Spanish) |
| DIGECITSS | Dirección General de Control de Infecciones de Transmisión Sexual y SIDA |
| NAP | National AIDS Program (in English) |
| DOD | Department of Defense |
| DR | Dominican Republic |
| FBO | Faith-Based Organization (s) |
| FP | Family planning |
| FHI | Family Health International |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| GODR | Government of the Dominican Republic |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| IDUS | Injectable Drug User (s) |
| M&E | Monitoring and Evaluation |
| MARPs | Most at-Risk Populations |
| MOE | Ministry of Education |
| MOH | Ministry of Health |
| MSM | Men having Sex with Men |
| NGO | Non-governmental Organization (s) |
| OVC | Orphan and Vulnerable Children |
| OP | Operation Plan |
| OGAC | Office of Global AIDS Coordinator |
| PAHO | Pan-American Health Organization |
| PCDR | U.S. Peace Corps in the Dominican Republic |
| PC | Peace Corps |
| PICT | Provider Initiated Counseling and Testing |
| PEPFAR | President's Emergency Plan for AIDS Relief |
| PLWHA | Person(s) Living with HIV/AIDS |
| PMTCT | Preventing Mother-to-Child Transmission |
| RFA | Request for Agreement/Request for Application |
| SESPAS | Ministry of Health ( In Spanish: Secretaría de Salud Publica y Asistencia Social) |
| SEE | State Ministry of Education (In Spanish Secretaría de Estado de Educación) |

| | |
|---|---|
| SEM | Women's Secretariat (Secretaría de Estado de la Mujer) |
| SO | Strategic Objective |
| STI | Sexual Transmitting Disease |
| TA | Technical assistance |
| TB | Tuberculosis |
| UNAIDS | United Nations AIDS Program |
| UNICEF | United Nations Children's Funds |
| UNFPA | United Nations Funds for Population |
| USAID | United States Agency for International Development |
| USG | United States Government |
| VCT | Voluntary testing and counseling |
| WB | World Bank |
| WHO | World Health Organization |